



192  
Attorney Docket No. 10139/104

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re App : Steven A. Burke et al. : Confirmation No. 2220  
Serial No. : 10/777,024 : Examiner Arpad F. Kovacs  
Filed : February 11, 2004 : Art Unit 3671  
For : TOWABLE ROTARY MOWING APPARATUS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I CERTIFY THAT THIS PAPER IS BEING DEPOSITED WITH  
THE U.S. POSTAL SERVICE AS FIRST CLASS MAIL WITH  
SUFFICIENT POSTAGE AND IS ADDRESSED TO:  
COMMISSIONER FOR PATENTS, P.O. BOX 1450,  
ALEXANDRIA, VA 22313-1450, ON APRIL 6, 2005 (37 C.F.R. 1.8a).

AMENDMENT

Dear Sir:

In response to the Office communication mailed January 6, 2005, please amend the above application as follows:

CLAIM FEES

A check in the amount of \$175.00 is enclosed to cover the increased claim fees. The

04/21/2005 DJONES 00000003 10777024  
01 FC:2201 hereby authorized to charge any fees listed in 37 CFR 1.16 and 1.17 which may  
02 FC:2202 be required by this paper for credit any overpayment to Deposit Account No. 08-1265.  
100.00 DP  
75.00 DP

04/12/2005 HGUTEMRI 00000028 10777024

01 FC:2202

175.00 DP

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10/777024

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	23 minus 20 =	3
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 26	Minus	** 23	= 3
	Independent	* 4	Minus	*** 3	= 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

1,2,18,25

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	385.00
X\$ 9=	27
X43=	
+145=	
TOTAL	412

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	75
X100=	100
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.